Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

000034 OCT 31 80

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

FOR OFFICIAL USE ONLY

COMMENTS

C

INSTALLATION'S EPA I.D. NUMBER	T/A	C	APPROVED	DATE RECEIVED (yr., mo., & day)
F MID082767591	2		A	801014

I. NAME OF INSTALLATION

MICHIGAN SEAMLESS TUBE DIVISION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 400 MCMUNN STREET

CITY OR TOWN	ST.	ZIP CODE
4 SOUTH LYON	MI	48178

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 SAME

CITY OR TOWN	ST.	ZIP CODE
6 SAME		

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*	PHONE NO. *(area code & no.)*
2 FARQUHAR, PETER-PROJECT ENGR.	313-437-8117

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 QUANEX CORPORATION

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

[X] A. GENERATION
[ ] B. TRANSPORTATION *(complete item VII)*
[X] C. TREAT/STORE/DISPOSE
[ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

[ ] A. AIR [ ] B. RAIL [ ] C. HIGHWAY [ ] D. WATER [ ] E. OTHER *(specify)*:

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

[X] A. FIRST NOTIFICATION
[ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

EPA Form 8700-12 (6-80)

OCT 14 1980

CONTINUE ON REVERSE

I.D. -- FOR OFFICIAL USE ONLY

S													T/A	C
W	M	I	D	4	8	2	7	6	7	5	9	I	2	1
1	2											13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F011					
7	**8**	**9**	**10**	**11**	**12**

DETACH

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K062	K063				
19	**20**	**21**	**22**	**23**	**24**
25	**26**	**27**	**28**	**29**	**30**

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U013					
37	**38**	**39**	**40**	**41**	**42**
43	**44**	**45**	**46**	**47**	**48**

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

- [X] 1. IGNITABLE (D001)
- [ ] 2. CORROSIVE (D002)
- [ ] 3. REACTIVE (D003)
- [ ] 4. TOXIC (D000)

X. CERTIFICATION

DETACH

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
	C. V. Flowers, Chief Engineer	10/13/80

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ➤ • MID082767591 REACKNOWLEDGEMENT

QUANEX CORP MICHIGAN SEAM
400 MCMUNN STREET
SOUTH LYON MI 48178

INSTALLATION ADDRESS ➤ 400 MCMUNN STREET
SOUTH LYON MI 48178

EPA Form 8700-12B (4-80)

10/03/81

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO THE ATTENTION OF:
5HS-JCK-13

Alan J. Howard, Chief
Technical Services Section
Hazardous Waste Division
Michigan Department of Natural Resources
P. O. Box 30028
Lansing, Michigan 48909

RE: Hazardous Waste Permit Application
Quanex Corporation
MID 082 767 591

Dear Mr. Howard:

Enclosed are two copies of additional information provided by the referenced applicant in response to our _____ letter. Please determine whether the application is now complete, and return to us a draft letter of response as soon as possible, but not later than October 27, 1986.

If you have any questions on the application, please contact Diane M. Spencer of my staff, at (312) 886-3740.

Sincerely,

Karl E. Bremer

Karl E. Bremer, Chief
Technical Programs Section

Enclosure(s)

cc: Mary Murphy

SFL-2

Quanex Corporation
400 McMunn
South Lyon, Michigan 48178
(313) 437-1715

Quanex

July 1, 1986

RECEIVED
AUG 19 1986
SWD - AIS
U.S. EPA, REGION V

RCRA Activities
Part B Permit Application
U.S. EPA, Region V
Chicago, Illinois 60690

Attn: Permit Writer

Subj: Explanation and Rationale for Revising the RCRA Part A Permit Application Per 40 CFR 270.13

The Quanex, Michigan Seamless Tube Division submitted a Part A application in October 1980 and requested changes in the Part A in December 1982 and November 1984. This letter explains the request for the approval of a revision of the Part A in May 1986. The changes from the 1980 version of the Part A, which the agency retains in its files, are addressed as follows:

FORM 1 - U.S. EPA GENERAL INFORMATION

Section III, Line 2

The facility contact is no longer Peter Farquar; the current facility contact is Charles D. Simpson.

Section VI, Line 6

The correct county code for Oakland County is 063, not 003.

Section VII, Line 7, Part A

The correct specification for SIC Code 3317 is "Steel Pipe and Tubes", not "Steel Tubing".

Section VIII, Line 8, Part B

The name listed in item VIII-A is not the owner. This item was not addressed in the previous Part A application.

Section XII

A more complete description of the nature of the business is given, including a description of the plant processes.

COPY 2

hs1

FORM 3, U.S. EPA HAZARDOUS WASTE PERMIT APPLICATION

Page 1 of 5, Section III, Line 1

Original listing (from 1980 Part A Permit Application):

Line	Col. A	Col. B-1	Col. B-2
1	S04	5,000,000	G

We are requesting that the information cited above be revised as follows:

Line	Col. A	Col. B-1	Col. B-2
1	S04	5,800,000	G

The process design capacity of the surface impoundments was originally estimated to be 5 million gallons. However, since the original design blueprint of the impoundment indicates a maximum capacity of 5.8 million gallons at a water depth of 8 feet, we would like to correct the originally stated process design capacity to reflect this more accurate volume.

Page 1 of 5, Section III, Line 2

Original listing (from 1980 Part A Permit Application):

Line	Col. A	Col. B-1	Col. B-2
2	T04	3,000,000	U

We are requesting that the information cited above be deleted and that the following information be added in its place:

Line	Col. A	Col. B-1	Col. B-2
2	S01	660	G

We would like to delete this information from line 2 of the previous Part A application because the waste pickle liquor and rinse waters are treated by lime neutralization in tanks which are totally enclosed treatment units and, as such, are exempt from regulation as detailed by 40 CFR 264.1(g)(5). Although this type of treatment is not regulated and therefore this information does not belong on the facility's Part A permit application, both the capacity of the treatment unit and the process code as quoted on line 2 of the 1980 Part A permit application are incorrect. The lime neutralization of waste pickle liquors and rinse waters occurs in tanks in the Neutralization Plant, not in an "other" treatment process unit as was incorrectly specified by the process code "T04" in the 1980 Part A permit application. The capacity of these tanks is 75,000 gallons, not 3,000,000 gallons. Although the capacity of these treatment tanks/cells is 75,000 gallons, the working volume due to safety precautions is 19,000 gallons. The 1980 Part A permit application refers to

the treatment capacity as 3,000,000 because the capacity of the surface impoundments and of the land application area were incorrectly included in this determination of the treatment tank capacity.

The revised information on Line 2 of this 1986 Part A permit application accurately reflects the capacity of the present hazardous waste drum storage area.

Page 1 of 5, Section III, Line 3

Original listing (from 1980 Part A Permit Application):

Line	Col. A	Col. B-1	Col. B-2
3	D81	7	A

We are requesting that the information cited above be deleted.

We would like to delete the information on Line 3 in the previous Part A application because the solids produced from lime neutralization of wastewater; i.e., spent pickle liquor sludge, K063, were delisted in the June 4, 1984 Federal Register which came into effect on December 5, 1984.

Page 1 of 5, Section III, Line 4

Original listing (from 1980 Part A Permit Application):

Line	Col. A	Col. B-1	Col. B-2
4	S01	11,000	G

We are requesting that the information cited above be deleted.

We would like to delete this information on Line 4 of the previous Part A application because it does not reflect hazardous waste storage at this facility. This information was erroneously included in the 1980 Part A permit application. The 11,000 gallons of waste refers to the waste oil which is stored in a tank at the facility. This waste is neither hazardous waste nor is it stored in containers as stated in the 1980 Part A permit application.

Page 2 of 5, Section III

No description of "other treatment processes" is necessary since "other treatment processes" are not and never were employed at the facility. Information concerning the lime neutralization of the waste pickle liquor and rinse waters was erroneously given here in the 1980 Part A permit application because the lime neutralization was thought to occur in more than just tanks. This was not and is not true; the lime neutralization is carried out specifically in tanks located in the Neutralization Plant and which are totally enclosed treatment units.

hsl

Page 3 of 5, Section IV, Line 1

Original listing (from 1980 Part A Permit Application):

Line	Col. A	Col. B	Col. C	Col. D-1
1	F011	50	P	S01

We are requesting that the information cited above be deleted and that the following information be added in its place:

Line	Col. A	Col. B	Col. C	Col. D-1
1	D002	100	P	S01

We would like to delete the information on Line 1 in the previous Part A application because it was an error. F011 wastes have never been generated at this facility. The metal heat treating operation does not use any cyanide compounds.

The revised information on Line 1 refers to the corrosive solids generated in the pickle house which are containerized in drums prior to off-site disposal. This waste is not new to the facility; it was referred to on Line 6 of the previous Part A application. In the previous Part A application, the annual volume of this waste is incorrectly recorded as 120,000 pounds. This recorded volume was (and is) in excess of the true annual output of waste corrosive solids at the facility because it included the waste pickle liquors and rinse waters which are addressed on Line 2 of this section and the spent pickle liquor sludge which was delisted in the Federal Register of June 4, 1984.

Up to 100 lbs/year of waste corrosive solids may be generated at the facility. These wastes, while typically disposed of in under 90 days, may occasionally be stored for longer periods.

Page 3 of 5, Section IV, Line 2

Original listing (from 1980 Part A Permit Application):

Line	Col. A	Col. B	Col. C	Col. D-1
2	K062	27,800,000	P	S04, T04, D81

We are requesting that the information cited above be revised as follows:

Line	Col. A	Col. B	Col. C	Col. D-1
2	K062	300,000,000	G	S04

Approximately 300 mgy of hazardous waste is produced due to the spent pickle liquor from steel finishing operations at the facility. This waste is first treated in totally enclosed treatment units and then discharged to the surface impoundments. The third process code which has been deleted from the 1980 Part

A permit application, "D81", does not apply because the spent pickle liquor from steel finishing operations at this facility is not land-applied. Rather, it all ends up in the surface impoundments.

Page 3 of 5, Section IV, Line 3

Original listing (from 1980 Part A Permit Application):

Line	Col. A	Col. B	Col. C	Col. D-1
3	K063	1,700,000	P	S04, T04, D81

We are requesting that the information cited above be deleted and the following information be added in its place:

Line	Col. A	Col. B	Col. C	Col. D-1
3	D005	250	P	S01

We would like to delete the information on Line 3 in the previous Part A application because the K063 spent pickle liquor sludge was delisted in the June 4, 1984 Federal Register which came into effect on December 5, 1984.

The revised information on Line 3 is the waste barium compound generated from the heat treating operations in the machine shop and which is containerized in drums prior to off-site disposal. Due to the forthcoming phasing out of the heat treating operations which utilize barium compounds, this D005 waste will soon be eliminated at the facility. Presently, these wastes, while typically disposed of in under 90 days, may occasionally be stored for longer periods.

Page 3 of 5, Section IV, Line 4

Original listing (from 1980 Part A Permit Application):

Line	Col. A	Col. B	Col. C	Col. D-1
4	U013	750	P	S01

We are requesting that the information cited above be deleted.

We would like to delete the information on Line 4 of the previous Part A application due to the delisting of the U013 waste (asbestos gloves).

Page 3 of 5, Section IV, Line 5

Original listing (from 1980 Part A Permit Application):

Line	Col. A	Col. B	Col. C	Col. D-1
5	D001	50	P	S01

We are requesting that the information cited above be deleted.

hs1

We would like to delete the information on Line 5 of the previous Part A application because this waste was incorrectly assumed to display the characteristic of ignitability.

Page 3 of 5, Section IV, Line 6

Original listing (from 1980 Part A Permit Application):

Line	Col. A	Col. B	Col. C	Col. D-1
6	D002	120,000	P	S04, T04, D81

We are requesting that the information cited above be deleted.

We would like to delete the information on Line 6 of the previous Part A application because this information has been transferred to Line 1 of this section, with modifications. The waste corrosive solids generated in the pickle house are containerized in drums and produced in a maximum annual quanity of 100 lbs.

Page 4 of 5, Section VIII, Items 3 and 6

Original listing (from 1980 Part A Permit Application):

Item 3 4801 Woodway, Suite 280 West

Item 6 77056

We are requesting that the information cited above be revised as follows because the address of the Quanex Corporate office has changed.

Item 3 1900 W. Loop South, Suite 1500

Item 6 77027

There are four reasons for the resubmittal of our Part A application. First, we discovered a few errors in our previous Part A application concerning general information (such as the facility phone number). Second, we have made some changes at our facility since 1980 in our waste handling procedures. Third, since 1980, regulatory changes concerning the delisting of certain hazardous wastes have affected our hazardous waste production. And fourth, when we submitted our original Part A application, we were not aware of certain exception clauses in the regulations; we regret this error, as it has led to many unfortunate misunderstandings.

We believe the information in this letter provides sufficient reasons for the resubmission of our Part A application. We thank you for your consideration of these changes.

Sincerely,

QUANEX, MICHIGAN SEAMLESS TUBE DIVISION

Charles D. Simpson

Charles D. Simpson
Chief Engineer

CDS:n

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters per inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

															T/A	C
	F	M	I	D	0	8	2	7	6	7	5	9	1			D
1	2												13		14	15

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area*(s)* below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge to waters of the U.S.**? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge to waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges to waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge to waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

C 1 SKIP: QUANEX, MICHIGAN SEAMLESS TUBE DIVISION

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C 2: SIMPSON, CHARLES D., CHIEF ENGINEE	R 313 | 437 | 8117

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3: 400 MCMUNN STREET

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4: SOUTH LYON	MI	48178

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5: 400 MCMUNN STREET

B. COUNTY NAME

OAKLAND

COPY 2

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6: SOUTH LYON	MI	48178	063

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
3317 (specify) STEEL PIPE AND TUBES	(specify)
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: QUANEX, MICHIGAN SEAMLESS TUBE DIVISION

B. Is the name listed in Item VIII-A also the owner? ☐ YES ☒ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box; if "Other", specify.)*
F = FEDERAL; M = PUBLIC *(other than federal or state)*; S = STATE; O = OTHER *(specify)*; P = PRIVATE: P (specify)

D. PHONE *(area code & no.)*: A 313 437 8117

E. STREET OR P.O. BOX: 400 MCMUNN STREET

F. CITY OR TOWN: SOUTH LYON

G. STATE: MI

H. ZIP CODE: 48178

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
9 N MI-000-1902	9 P
B. UIC *(Underground Injection of Fluids)*	**E. OTHER *(specify)***
9 U	9 (specify)
C. RCRA *(Hazardous Wastes)*	**E. OTHER *(specify)***
R	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

Manufactures seamless steel tubing. Processes include pickling, phosphate coating, alkaline cleaning, washing, annealing and rust inhibitor coating operations.

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
J.J. Yetso, General Manager	John J. Yetso	7/26/86

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 c... ...ers/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

1	2	3	4	5	6	7	8	9	10	11	12	T/A	C
F	M	I	D	0	8	2	7	6	7	5	9	1	I

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24 - 29	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)* (71)

[ ] 2. NEW FACILITY *(Complete item below.)* (71)

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

C	YR.	MO.	DAY
8	2 7	0 4	0 1
15	73 74	75 76	77 78

FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY
73 74	75 76	77 78

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[X] 1. FACILITY HAS INTERIM STATUS (72) By Consent Decree

[ ] 2. FACILITY HAS A RCRA PERMIT (72)

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C).*

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below):* A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

	A. PROCESS CODE (from list above) (16 - 18)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify) (19 - 27)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code) (28)	FOR OFFICIAL USE ONLY (29 - 32)
X-1	S 0 2	600	G	
X-2	T 0 3	20	E	
1	S 0 4	5,800,000	G	
2	S 0 1	660	G	
3				
4				
5				
6				
7				
8				
9				
10				

C DUP T/A C (1 2 - 13 14 15)

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

NA

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non—listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. **PROCESSES**

1. PROCESS CODES:
   For listed hazardous waste: For each listed hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non—listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non—listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES 1. PROCESS CODES *(enter)*	D. PROCESSES 2. PROCESS DESCRIPTION *(if a code is not entered in D(1))*
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				*included with above*

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)		FOR OFFICIAL USE ONLY	
W M I D 0 8 2 7 6 7 5 9 1	T/A: C: 1	W DUP	T/A: C: 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (If a code is not entered in D(1))
1	D002	100	P	S01	
2	K062	300,000,000	G	S04	
3	D005	250	P	S01	
4					
5					
6					
7					
8					
9					
10					
11					
12					
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15					
16					
17					
18					
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20					
21					
22					
23					
24					
25					
26					

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

NA

EPA I.D. NO. *(enter from page 1)*

													T/A	C
F	M	I	D	0	8	2	7	6	7	5	9	1		6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail)*.

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground—level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail)*.

II. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
4 2 | 2 7 | 0 2 1	0 8 3 | 3 9 | 0 4 8

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E QUANEX CORPORATION	7 1 3 - 9 6 1 - 4 6 0 0

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F 1900 West Loop, South Suite 1500	G HOUSTON	T X	7 7 0 2 7

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
J. C. Hill Corporate Vice President	James C. Hill	7/24/86

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED

MAY 7 1984

5HW-13

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Richard E. Russell
General Manager
Quanex, Michigan Seamless Tube Division
400 McMunn Street
South Lyon, Michigan 48178

Re: MID 082767591

Dear Mr. Russell:

By now you should have received an acknowledgement of our receipt of the Part A permit application material for the above-referenced hazardous waste facility under the Resource Conservation and Recovery Act (RCRA) permit program. Accordingly, this letter constitutes the next step in the formal process leading toward issuance or denial of an RCRA permit. Under the authority of 40 CFR 270.10 this is a formal request for submittal of Part B of the permit application for the above-referenced facility.

Enclosed is a copy of 40 CFR 270.14-270.29 which lists the items that constitutes a Part B for your facility. Your Part B application must be submitted in quadruplicate and postmarked no later than November 16, 1984. Please uniquely number each page of the application including all attachments (maps, specifications, etc.). A certification statement identical to one stated in 40 CFR 270.11(d) must accompany the application and all additional submittals. Send your application to the following address:

RCRA ACTIVITIES
Part B Permit Application
U.S. EPA, Region V
P.O. Box A3587
Chicago, Illinois 60690-3587

We are committed to conducting the RCRA permit process as efficiently as possible. Consequently, I suggest you contact Mr. Timothy O'Mara of my staff at (312) 886-4023 as you begin preparing your application. Mr. O'Mara will be available to discuss specific needs of your application or to meet with you in Chicago. These efforts are intended to generate complete applications without requiring any information beyond that which is necessary to make RCRA permit decisions.

Failure to furnish the complete Part B permit application by the above date, and to provide in full all required information, is grounds for termination of interim status under 40 CFR 270.10.

Information in the Part B permit application can be disclosed to the public, according to the Freedom of Information Act and U.S. Environmental Protection Agency (U.S. EPA) Freedom of Information regulations. If you wish, however, you may assert a claim of business confidentiality by printing the word "Confidential" on each page of the application which you believe contains confidential business information. All incoming materials containing confidential business information should be sent in a double envelope--one envelope inside the other. The inner envelope is to be addressed to the docket control officer (DCO) with the following instructions: "to be opened only by the DCO". U.S. EPA will review business confidentiality claims under regulations in 40 CFR Part 2, and may later request substantiation of such claims. Please review these rules carefully before making a claim.

If you claim parts of the application as confidential please provide us with a public information copy of the application. The public information copy must be identical to the full application with the exclusion of the confidential information.

We will coordinate review of the application with the Michigan Department of Natural Resources. It is possible that during the processing of your application the State hazardous waste program may become authorized to issue RCRA permits for your type of facility. In that case direct Federal processing will cease and the State in lieu of U.S. EPA will make the final determination on your application.

We look forward to receiving your Part B permit application.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure 40 CFR 270.14-270.29
Guidance for Permit Application Preparation

cc: Alan J. Howard,
Michigan Department of Natural Resources

5HW-13:WEMUNO:ap:6-6136:4-25-84

INITIALS / DATE	TYPIST	AUTHOR	STU #1 CHIEF	STU #2 CHIEF	STU #3 CHIEF	TPS CHIEF	WMB CHIEF	WMD DIRECTOR
	ap 4-25-84				WEM 5/3/84	WHH 5/3/84	WHH 5/14/84	

Quanex Corporation
Michigan Seamless Tube Division
400 McMunn
South Lyon, Michigan 48178
) 437-8117

Quanex Michigan Seamless Tube Division

N

March 10, 1981

Administrator
E.P.A. Region V
RCRA Activities
P.O. Box 7861
Chicago, Illinois 60680

OK ID #

Reference: E.P.A. I.D. Number MID-082767591

Dear Sir:

This letter is in reference to our original request, Page 3 of 5, Item No. 3, K063, "Sludge from lime treatment of spent pickle liquor from steel finishing operations (T)". (261.32)

This item has been withdrawn from the hazardous waste list.

We agree and are requesting that it be removed from our permit.

Sincerely,

QUANEX CORPORATION
MICHIGAN SEAMLESS TUBE DIVISION

M. P. Robinson
Environmental Engineer

MPR/ad

sub- part A

MAR 24 1981

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S															T/A	C
F	M	I	D	0	8	2	7	6	7	5	9	1				D
1	2											13			14	15

LABEL ITEMS

- III. FACILITY NAME
- V. FACILITY MAILING ADDRESS
- VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area*(s)* below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X		X
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: QUANEX, MICHIGAN SEAMLESS TUBE DIVISION

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 FARQUHAR, PETER, PROJECT ENGR	313 437 8117

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 400 MCMUNN STREET

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 SOUTH LYON	MI	48178

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 400 MCMUNN STREET

B. COUNTY NAME

OAKLAND

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
SOUTH LYON	MI	48178	63

NOV 19 1980

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
3317 (specify) Steel Tubing	(specify)

C. THIRD	D. FOURTH
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: QUANEX, MICHIGAN SEAMLESS TUBE DIVISION

B. Is the name listed in Item VIII-A also the owner? ☐ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL; S = STATE; P = PRIVATE; M = PUBLIC (other than federal or state); O = OTHER (specify)
P (specify)

D. PHONE (area code & no.): A 713 437 8117

E. STREET OR P.O. BOX: 400 MCMUNN STREET

F. CITY OR TOWN: SOUTH LYON

G. STATE: MI

H. ZIP CODE: 48178

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N MI-000-1902	9 P

B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
9 U	9 (specify)

C. RCRA (Hazardous Wastes)	E. OTHER (specify)
9 R	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture Seamless Steel Tubing

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
H. Bond Vice President - Administration	H Bond	11-19-80

COMMENTS FOR OFFICIAL USE ONLY

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

423

FORM 3 RCRA

EPA

ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S													T/A	C
F	M	I	D	0	8	2	7	6	7	5	9	1		1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[XX] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] 2. NEW FACILITY *(Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

C	YR.	MO.	DAY
8	27	04	01

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S													T/A	C
C	D	U	P											1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S04	5,000,000	G		7				
2	T04	3,000,000	U		8				
3	D81	7	A		9				
4	S01	11,000	G		10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T-04 NEUTRALIZATION PLANT

Process waters containing approximately 5% pickle liquor from sulfuric acid cleaning processe are pumped to the Neutralization Plant at a PH between 1 and 7. A lime slurry is metered into the influent to neutralize the acidic solution. The mixture is aerated with compressed air; keeping the solids in suspension and promoting oxidation. The neutralized mixture is pumped to settling lagoons at a controlled PH of between 9.5 and 10.0. The suspended solids settle into the lagoon beds and further oxidation occurs lowering the PH to between 8 and 9. The treated solution is then discharged to Yerkes Drain within the specified limits of NPDES Permit #MI-000-1902. The residual sludge is dredged yearly and sprayed onto drying beds.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY – For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.
NOTE: Photocopy this page before completing ... e more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1): W M I D 0 8 2 7 6 7 5 9 1 | T/A | C: 1

FOR OFFICIAL USE ONLY: W | DUP | T/A: 2 | DUP

V. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F011	50	P	S01	
2	K062	27,800,000	P	S04 T04 D81	
3	K063	1,700,000	P	S04 T04 D81	
4	U013	750	P	S01	
5	D001	50	P	S01	
6	D002	120,000	P	S04 T04 D81	
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F	M	I	D	0	8	2	7	6	7	5	9	1	T/A	C 6
1	2											13	14	15

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground–level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)					
4	2	2	7	0	2	1	0	8	3	3	9	0	4	8
65	66	67	68	69	-	71	72	-	74	75	76	77	-	79

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
E QUANEX CORPORATION	7 1 3 - 9 6 1 - 4 6 0 0
15 16 - 55	56 - 58 59 - 61 62 - 65

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F 4801 Woodway, Suite 280 West	G Houston	T X	7 7 0 5 6
15 16 - 45	15 16 - 40	41 42	47 - 51

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
H. Bond	H Bond	November 19, 1980

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Richard E. Russell	Richard E Russell	November 19, 1980

REQUEST FOR CHANGE IN STATUS TO:

"GENERATOR ACCUMULATING WASTE ON-SITE IN COMPLIANCE WITH 40 CFR 262.34"

(APPLICABLE TO FACILITIES WHICH, AS OF NOVEMBER 19, 1980, HAVE BEEN STORING WASTES IN CONTAINERS AND/OR TANKS ONLY)

Facility Name:
Facility Location:
Mailing Address:
U.S. EPA ID No.:

1. I certify, in reference to the above-named facility, that a complete and accurate description of the activities currently conducted, for purposes of the Resource Conservation and Recovery Act (RCRA), are those of a generator accumulating waste on-site, in compliance with 40 CFR 262.34. This description of activities shall be considered effective as of

   _____
   (please type, in above space: today's date, or other appropriate past date)

2. I certify that all hazardous waste which had been stored at this facility for greater than 90 days have been permanently removed, and -- for that portion of the wastes that were present on-site on or after November 19, 1980 -- the manifest requirements of 40 CFR Part 262 have been complied with, and all manifests are on file at this facility, available for inspection by authorized State and Federal officials.

3. I finally certify under penalty of law that I have personally examined, and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature | Typed Name and Title | Date

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch)

Form Approved OMB No. 158-S80004

FORM 3 EPA — U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

I. EPA I.D. NUMBER

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

XX 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

C 8 — YR. 27 MO. 04 DAY 01 — FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

☐ 2. NEW FACILITY *(Complete item below.)*

YR. ___ MO. ___ DAY ___ FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. **PROCESS CODE** — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. **PROCESS DESIGN CAPACITY** — For each code entered in column A enter the capacity of the process.
1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			**Treatment:**		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C — DUP — T/A — C 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 4	5,000,000	G	still	7	shown on 11-30-84 Part A			
2	T 0 1	3,000,000	U	still	8	shown on 11-30-84 P. A			
3	D 8 1	7	A	still	9				
4	S 0 1	11,000	G	still	10				

the front.

...SSES *(continued)*

...E FOR ADDITIONAL PROCESS CODES ...R DESCRIBING OTHER PROCESSES *(code "* ... FOR EACH PROCESS ENTERED HERE
...LUDE DESIGN CAPACITY.

T-04 NEUTRALIZATION PLANT

Process waters containing approximately 5% pickle liquor from sulfuric acid cleaning processes ... pumped to the Neutralization Plant at a PH between 1 and 7. A lime slurry is metered into the influent to neutralize the acidic solution. The mixture is aerated with compressed air; keeping the solids in suspension and promoting oxidation. The neutralized mixture is pumped to settling lagoons at a controlled PH of between 9.5 and 10.0. The suspended solids settle into the lagoon beds and further oxidation occurs lowering the PH to between 8 and 9. The treated solution is then discharged to Yerkes Drain within the specified limits of NPDES Permit #MI-000-1902. The residual sludge is dredged yearly and sprayed onto drying beds.

Still shown on 1-30-84 Fo. 1A

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY – For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each listed hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1					
X-2					
X-3					
X-4					

CONTINUE ON PAGE 3

...n page 2.
...ocopy this page before completing ... e more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1): W M I D 0 8 2 7 6 7 5 9 1 — T/A C: 1

FOR OFFICIAL USE ONLY: W DUP — T/A C: 2 — DUP

DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F011	50	P	S01				need closure plan & certification
2	K062	27,800,000	P	S04	T04	D81		11-30-84 explained K062 in Tanks. None of these processes [illegible]
3	K063	1,700,000	P	S04	T04	D81		still shown on 11-30-84 Part A
4	~~U013~~	~~750~~	~~P~~	~~S01~~				explained 11-30-84
5	D001	50	P	S01				not explained
6	D002	120,000	P	S04	T04	D81		not explained
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								

WASTE DISPOSAL MANIFEST

MICHIGAN DEPARTMENT OF NATURAL RESOURCE — ENVIRONMENTAL PROTECTION BUREAU

I. GENERATOR DESCRIPTION AND DISPOSITION OF WASTE (MUST BE FILLED IN BY PRODUCER)

A. GENERATOR OF WASTE: FACILITY NUMBER MID 000001192

NAME Chemrex - M.S.T. Division

ADDRESS 400 Nelson St. South Lyon, Michigan 48178

PRODUCER ORDER NO. 86185 SHIPMENT DATE 01 (mo.) 28 (da.) 81 (yr.)

PERSON TO CONTACT N. Robinson PHONE 437-8117 Ext. 140

B. DESCRIPTION OF WASTE (Mandatory) HAZARD CLASS: C

SHIPPING NAME: (DOT OR EPA) NOS

SIC CODE	PHYS. STATE	TYPE OF CONTAINER	QUANTITY	UNIT	WASTE TYPE	PERCENT SOLIDS
	2	1	5	2	99	99

CODES:

PHYSICAL STATE 1 = SOLID 2 = LIQUID 3 = GAS 4 = SLUDGE

CONTAINER TYPE 1 = 55 GAL. DRUM 2 = BULK TANK 3 = SELF CONTAINED UNITS 4 = OTHER (Specify)

UNIT 1 = CU.YDS. 2 = GALLONS 3 = POUNDS

WASTE TYPE (SEE INSTRUCTIONS) 99 = OTHER (Specify)

MAJOR COMPONENTS (GREATER THAN 1% CONCENTRATION)

	CONCENTRATION Upper %	Lower %
1. SODIUM HYDROXIDE	15	10
2. SODIUM SALTS	10	5
3. WATER	85	75
4.		
5.		
6.		

INDICATE IF THE WASTE CONTAINS ANY OF THE MATERIALS LISTED IN TABLE TWO.

PARAMETER NO.	CONCENTRATION
____-___-_	
____-___-_	
____-___-_	
____-___-_	

EMERGENCY SPILL INFORMATION

C. NAME OF HAULER Great Lakes Environmental Service

BUSINESS ADDRESS 16097 Cameron Rd. Roseville, Michigan

NAME OF PROCESSOR Chemrex

SITE ADDRESS Allen Road Southgate, Michigan

D. GENERATOR CERTIFICATION:

THIS IS TO CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE MATERIALS DESCRIBED IN I/B ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE U.S. ENVIRONMENTAL PROTECTION AGENCY.

NAME & TITLE (please print)	SIGNATURE	DATE
N. Robinson Env. Eng.		1-28-81

Keep goldenrod copy for your records. Send pink copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, MI 48909

II. HAULER OF WASTE (MUST BE FILLED IN BY HAULER)

A. NAME

ADDRESS

TELEPHONE NUMBER PICK-UP DATE ____ (mo.) ____ (da.) ____ (yr.)

B. HAULER JOB NUMBER FACILITY NUMBER

C. VEHICLE LICENSE NO. STATE

D. HAULER CERTIFICATION:

THIS IS TO CERTIFY UNDER THE PENALTY OF PERJURY THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST OR IN THE ATTACHMENT WAS ACCEPTED BY ME FOR TRANSPORTATION TO THE PROCESSING FACILITY NAMED IN PART I/C.

NAME AND TITLE (please print)	SIGNATURE	DATE

Keep canary copy for your records.

III. PROCESSOR OF WASTE (MUST BE FILLED IN BY TREATMENT/STORAGE/DISPOSAL FACILITY)

FACILITY NUMBER

A. NAME

ADDRESS

TELEPHONE NUMBER ACCEPTANCE DATE ____ (mo.) ____ (da.) ____

B. PROCESS METHOD:

☐ INCINERATION ☐ RECLAMATION ☐ OTHER (Specify)

C. CERTIFICATION:

THE HAULER NAMED ABOVE DELIVERED THE WASTE DESCRIBED IN PART I/B OF THIS MANIFEST TO THIS PRI FACILITY. IT WAS ACCEPTABLE MATERIAL FOR PROCESSING UNDER THE TERMS OF FEDERAL, STATE, ANI REGULATIONS. I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TF CORRECT.

NAME AND TITLE (please print)	SIGNATURE	DATE

Keep green copy for your records. Send white copy to:

DEPARTMENT OF NATURAL RESOURCES, WATER QUALITY DIVISION, P.O. BOX 30028, LANSING, M

Site ID Number MID 082 767 591
Document No. 1

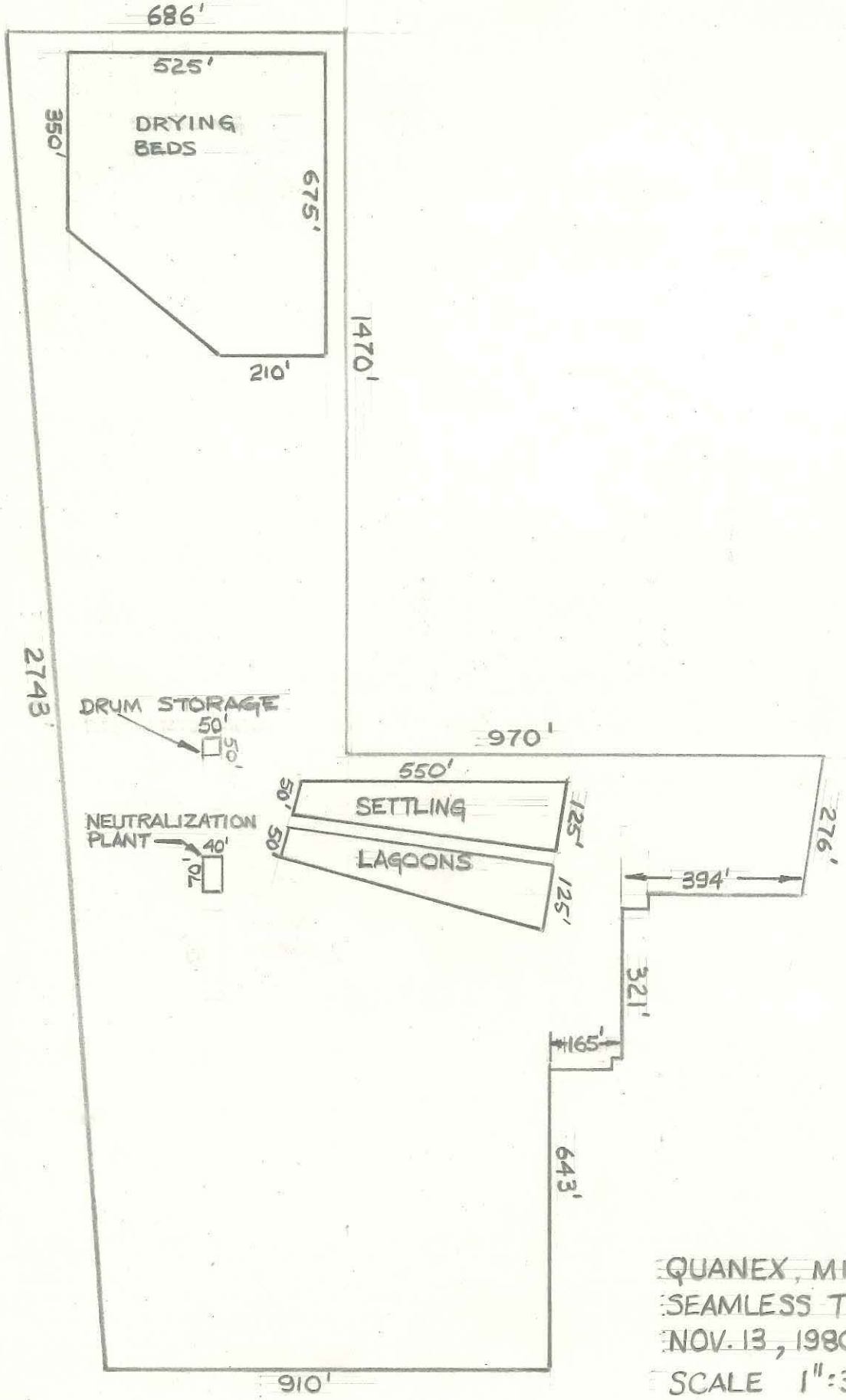
ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM AT 517-373-7660, 24 HOURS PER DAY AND THE NATIONAL RESPONSE CENTER AT 800-424-8802

R-4896 11/78

Form Approved OMB No. 158-S80004

V. FACILITY DRAWING *(see page 4)*

423



QUANEX, MICHIGAN
SEAMLESS TUBE DIV.
NOV. 13, 1980
SCALE 1":300'

Quanex Corporation
Michigan Seamless Tube Division
400 McMunn
South Lyon, Michigan 48178
3) 437-8117

Quanex Michigan Seamless Tube Division

October 10, 1980

EPA REGION V
RCRA Activities
P.O. Box 7861
Chicago, IL 60680

Attention: Mr. Y. J. Kim

Dear Sir:

Due to an administrative oversight, Quanex Corporation, Michigan Seamless Tube Division, did not identify itself as a generator or a treatment storage and disposal facility of hazardous waste, before the August 18th, 1980 deadline. Quanex does intend to comply fully with the EPA regulations. Please accept this letter and the completed Notification of Hazardous Waste Activity form attached, as notice of our intentions to comply.

Please accept our apologies for the delay in returning the enclosed information.

Sincerely,

QUANEX CORPORATION
MICHIGAN SEAMLESS TUBE DIVISION

Peter Farquhar
Project Engineer

PF/ad

Enclosure

P 557 099069

APR 2 3 1985

5HS-13

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Peter Farquhar
Project Engineer
Quanex Corporation Michigan Seam
400 McMunn Street
South Lyon, MI 48178

RE: Corrective Action Requirements,
Hazardous and Solid Waste
Amendments of 1984

Quanex Corporation Michigan Seam
MID 082 767 591

Dear Mr. Farquhar:

As you know, we are currently reviewing Part B of the Resource Conservation and Recovery Act (RCRA) permit application for the above-referenced facility.

On November 8, 1984, the Hazardous and Solid Waste Amendments of 1984 (the Amendments) were enacted to modify RCRA. Under Section 206 (copy enclosed) of the Amendments, all RCRA permits issued after the date of enactment must provide for corrective action for all releases of hazardous waste or constituents from any solid waste management unit, regardless of the time at which waste was placed in the unit. Please note that both hazardous and non-hazardous waste can meet the definition of solid waste under 40 CFR 261.2.

Consequently, we must determine whether such releases have ever occurred at the facility site. If they have, we must ensure that corrective actions either have been taken or will be taken, pursuant to a RCRA permit. An important part of our determination includes your willingess (or unwillingness) to sign the enclosed certification statement. Please read it carefully and either sign it and return it, or return it to us unsigned with a cover letter of explanation, within three weeks of the date of this letter. Any information regarding releases of hazardous waste or hazardous constituents to the environment will be evaluated during the permit review process. Any tentative decision we make concerning your permit application will be public noticed in a newspaper of general circulation in the area of the facility.

Please contact the previously identified permit writer with our Agency for additional information.

Sincerely yours,

Karl J. Klepitsch, Jr.
Chief, Solid Waste Branch

Enclosures

	TYPIST	AUTHOR	STU #1 CHIEF	STU #2 CHIEF	~~STU #3~~ CHIEF	TPS CHIEF	WMB CHIEF	WMD DIRECTOR
INITIALS	J.W.					for		
DATE	4/22/85	4-23-85			4-23-85	4-23-85		

cm 4-23-85

279-19

Quanex Corporation
400 McMunn
South Lyon, Michigan 48178
(313) 437-1715

Quanex

Site ID Number MID 082 767 591
Document No. 4

Ms. Edith M. Ardiente
Chief, Technical Programs Section
United States Environmental Protection Agency
REgion 5
230 South Dearborn Street
Chicago, Illinois 60604

RE: Part "B" Permit Application
MID 082767591

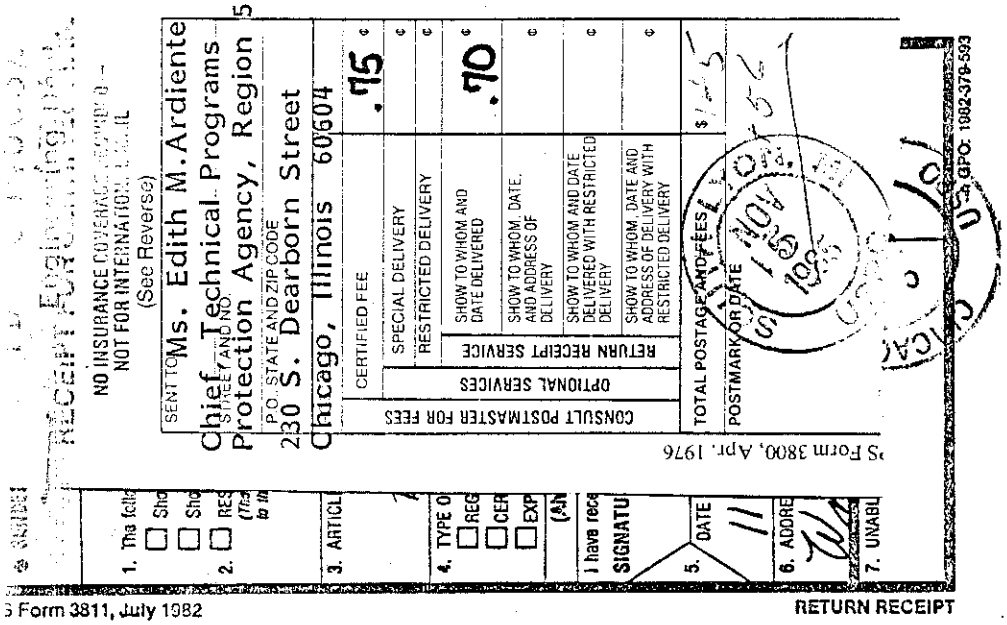
Dear Ms. Ardiente:

I, James C. Hill, am the operator of Quanex - Michigan Seamless Tube Division (E.P.A. I.D.# MID 082767591) located at: 400 McMunn Street; South Lyon, Michigan 48178. I certify that the surface impoundments (#63 West settling pond and #64 East settling pond on the attached surface topology map) at this facility are in compliance with all applicable groundwater monitoring and financial requirements in 40 CFR Part 265 Subparts F and H.

I, James C. Hill, as owner-operator of Quanex - Michigan Seamless Tube Division, located at: 400 McMunn Street; South Lyon, Michigan 48178, knowingly and willfully make this true and accurate certification to the United States Environmental Protection Agency pursuant to section 3005 (e) of the Hazardous and Solid Waste Disposal Act, as amended.

Sincerely,

QUANEX CORPORATION



DRAFT

5HS-JCK-13

Joseph Rhodea
Chief Engineer
Quanex - MI Seamless Tube Division
400 McMunn Street
South Lyon, Michigan 48178

RE: Hazardous Permit Application
Quanex
MID 082 767 591

Dear Mr. Rhodea:

As you are aware, we are currently reviewing the referenced Part B permit application for completeness. Based on our review, we have determined that the drying beds (figure 1) are regulated surface impoundments, even though the sludges have been delisted. The basis for this determination is as follows:

1. The drying bed meets the definition of a surface impoundment contained in 40 CFR 260.10: "a natural topographic depression, man-made excavation, or diked area formed primarily of earthen materials, which is designed to hold an accumulation of liquid wastes or wastes containing free liquids, and which is not an injection well."

2. In accordance with 40 CFR 261.3(b), the solid waste in the drying bed (i.e., the delisted sludge) becomes a hazardous waste when it is mixed with K062, a listed liquid waste. Based on the procedures for removing sludges from the settling lagoons to the drying beds (Part B application, Section F, page 97, revision 00), it appears that both sludges and some liquid wastes are pumped to the drying beds.

Quanex states in the closure plan section of the Part B application, that the company will close it's surface impoundments by November 8, 1988, instead of retrofitting by that date. Until closure is completed of all the impoundments, including the drying beds, all applicable 40 CFR 265 requirements must be followed. These include, but are not limited to:

1. Subpart G - closure and post-closure plan requirements or a Part B application with retrofitting proposals;

2. Subpart F - groundwater monitoring requirements;

3. Subpart K - general operating requirements for surface impoundments; and

4. Subpart H - Financial requirements for closure costs.

DRAFT

Also, additional information requirements have been imposed by the Hazardous and Solid Waste Amendments of 1984 (HSWA). These requirements include the following as a minimum:

1. Information on location of, and releases from, solid waste management units at the facility, regardless of the time at which waste was placed in such units (§264.90).

2. A demonstration of financial responsibility for any corrective action needed for releases of hazardous waste or constituents from any solid waste management units at the facility (§264.101).

3. Exposure information for surface impoundments (Resource Conservation and Recovery Act (RCRA) §3019(a)).

Please be aware that we are referring your facility to the Hazardous Waste Enforcement Branch (HWEB) for compliance with the applicable requirements. Please submit four copies of the required interim status closure and post-closure plans within 30 days of the date of this letter.

Information in the closure and post-closure plans will be joint public noticed. We will coordinate review of the plans with the MDNR. It is possible that during the processing of your plans, the State hazardous waste program may become authorized to issue RCRA permits and closure plans for your type of facility. In that case, direct Federal processing will cease and the State ,in lieu of the United States Environmental Protection Agency, will make the final determination of the plans.

We look forward to receiving your closure and post-closure plans. Please call Ms. Margo Dilday of the HWEB, at (312) 886-7091, if you need any assistance.

Sincerely,

David A. Stringham, Chief
Solid Waste Branch

Enclosure

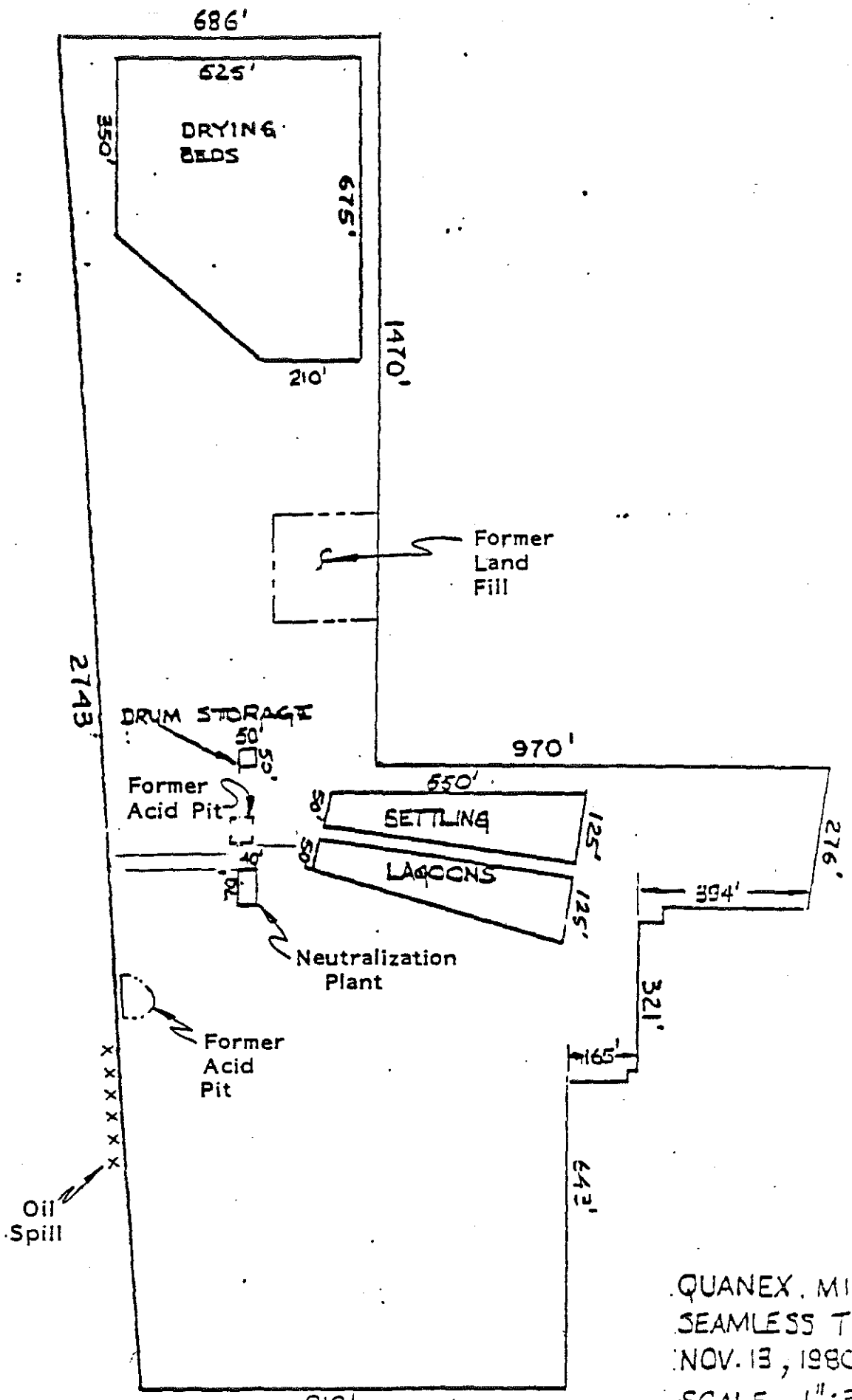
cc: Alan Howard, MDNR
Bill Muno, RCRA Enforcement
Lynn King, MDNR

bcc: Margo Dilday, RCRA Enforcement
D. M. Spencer
C. A. Witt

5HS/Spencer:vw 7/1/86 DISK #2. DOC #1 Corrs: 7/9 7/11 Gen Words

Form Approved OMB No. 158-S80084

V. FACILITY DRAWING (see p.



QUANEX, MICHIGAN
SEAMLESS TUBE DIV.
NOV. 13, 1980
SCALE 1" = 300'

Do not make entries in shaded areas

OMB #: 2050-0024 Expires: 12-31-86

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

1 Non-handler
2 Small Quantity Generator
4 Exempt
5 Beneficial Use
9 Closed

This Installation's Non-Regulated Status is Expected to Apply:

☐ For 1983 Only ☐ Permanently

☐ Other____________

Please print/type with elite type (12 characters per inch)

II. GENERATOR'S EPA I.D. NUMBER

T/A C

F M I D 0 8 2 7 6 7 5 9 1 1

1 2 13 14 15

8

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF INSTALLATION

QUANEX CORP MICHIGAN SEAMLESS TUBE DIV

30 69

IV. INSTALLATION MAILING ADDRESS

3 4 0 0 MCMUNN STREET

15 16 45

Street or P.O. Box

4 SOUTH LYON | MI | 48178

15 16 | 41 42 | 47 51

City or Town | State | Zip Code

V. LOCATION OF INSTALLATION (if different than section IV above)

5

15 16 45

Street or Route number

6

15 16 | 41 42 | 47 51

City or Town | State | Zip Code

VI. INSTALLATION CONTACT

2 CARNAHAN DONALD

15 16 45

Name (last and first)

313-437-8117

46 55

Phone No. (area code & no.)

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

R. E. Russell	General Manager	[signature]	2-21-84
Print/Type Name	Title	Signature of Authorized Representative	Date Signed

EPA Form 8700-13A(5-80) (Revised 11-83)

Tear out here

Do not make entries in shaded areas

E RONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

T/A C

G M I D 0 8 2 7 6 7 5 9 1 1 1

1 2 13 14 15

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

X. FACILITY'S EPA I.D. NO.

F

16 28

XI. FACILITY ADDRESS

XII. TRANSPORTATION SERVICES USED

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29 32	1	Combustible, spent lubrication oil, used in production machines, mixture of mineral oils, solvent and water.	0 1 (33 34)	D 0 0 1 (35 38) (39 42) (43 46) (47 50)	5 0 0 (51 59)	G (60)
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

1983 generated - stored on site less than 90 days as of December 31, 1983.

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

T/A C

G M I D 0 8 2 7 6 7 5 9 1 [ ] [1]

1 2 13 14 15

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

American Tank Service

X. FACILITY'S EPA I.D. NO.

F M I D 0 9 3 8 2 6 7 3 3

16 28

XI. FACILITY ADDRESS

707 East Lewiston
Ferndale, Michigan 48220

XII. TRANSPORTATION SERVICES USED

American Tank Service Co. MID 093826733

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29 32	1	Combustible, spent lubrication oil used in production machines, mixture of mineral oils, solvent & water	01 (33 34)	D001 (35 38) (39 42) (43 46) (47 50)	1000 (51 59)	G (60)
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

Line #1 relative density of lubrication oil is 15/4 C 0.887.

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

G M I D 0 8 2 7 6 7 5 9 1 T/A C 1

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Michigan Petroleum Co.

X. FACILITY'S EPA I.D. NO.

F M I D 0 8 6 1 4 7 9 1 5

XI. FACILITY ADDRESS

13650 Helen
Detroit, Michigan 48212

XII. TRANSPORTATION SERVICES USED

Dury Bros. Inc. MID005608892

XIII. WASTE IDENTIFICATION

Sequence #	Line	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
	1	Combustible, spent lubrication oils, used in production machines, mixture of mineral oils, solvent, & water	0 1	D 0 0 1	6 5 0 0	G
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

Line #1 relative density of lubrication oils is 15/4 C 0.887.

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

G M I D 0 8 2 7 6 7 5 9 1 T/A C 1

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Environmental Waste Control

X. FACILITY'S EPA I.D. NO.

F M I D 0 5 7 0 0 2 6 0 2

XI. FACILITY ADDRESS

27140 Princton
Inkster, Michigan 48141

XII. TRANSPORTATION SERVICES USED

Great Lakes Environmental MID0874758574

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
	1	Combustible, spent lubrication oils, used in production machines, mixture of mineral	01	D001	3000	G
	2	oils, solvents, and water				
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

Line #1 relative density of lubrication oils is 15/4 C 0.887.

Do not make entries in shaded areas

E. /IRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

T/A C

G M I D 0 8 2 7 6 7 5 9 1 1 1

1 2 13 14 15

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

On site

X. FACILITY'S EPA I.D. NO.

F

16 28

XI. FACILITY ADDRESS

XII. TRANSPORTATION SERVICES USED

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
	1	Sludge generated from neutralized pickle liquor	N A (33 34)	K 0 6 2 (35 38) (39 42) (43 46) (47 50)	3 4 6 (51 59)	T (60)
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

(29 32)

XIV. COMMENTS (enter information by section number—see instructions)

Classified as non-hazardous waste.

Quanex Corporation
400 McMunn
South Lyon, Michigan 48178
(313) 437-1715

Quanex

February 14, 1984

RCRA Activities
EPA Region V
P.O. Box A-3587
Chicago, Illinois 60690

Attention: Annual Report MID 082767591

Gentlemen:

Enclosed is our 1983 Hazardous Waste Generator Report for 1983. This represents our complete activity.

Should you need further information in processing these reports, please contact the undersigned.

Yours truly,

QUANEX CORPORATION
Michigan Seamless Tube Division

J. D. Rhodea
Chief Engineer

JDR:kb